

PROVIDER AGENCY

ALCOHOL AND OTHER DRUG ABUSE BLOCK GRANT REPORT OF EXPENDITURES

JANUARY - DECEMBER 2005

Indicate which of the following CARS profile identification numbers is associated with each provider's report of expenditures as reported on the CARS EXPENDITURE REPORT BY PROFILE, form DMT-855 (REV. 01/05). This information is verified and reported in the annual Substance Abuse Prevention and Treatment Block Grant application. All information provided is subject to state/federal reviews.

- | | |
|---|--|
| <input type="checkbox"/> 540 – Brighter Futures Initiative | <input type="checkbox"/> 533052 – DOC Taycheedah Correctional |
| <input type="checkbox"/> 543 – Urban Black and Hispanic | <input type="checkbox"/> 533053 – DOC Passages Program |
| <input type="checkbox"/> 545 – Women's AODA Treatment | <input type="checkbox"/> 533054 – DOC Female Halfway House |
| <input type="checkbox"/> 547 – Urban / Rural Women's AODA | <input type="checkbox"/> 533055 – DOC Ethan Allen / Lincoln Hills |
| <input type="checkbox"/> 548 – Neighborhood Drug / Violence | <input type="checkbox"/> 533056 – DOC Youth Gangs |
| <input type="checkbox"/> 570 – AODA Community Aids | <input type="checkbox"/> 533061 – Resident Treatment META |
| <input type="checkbox"/> 576 – Treatment Alternative Program | <input type="checkbox"/> 533115 – AODA Minority Training |
| <input type="checkbox"/> 579 – AODA Juvenile Justice | <input type="checkbox"/> 533127 – Treatment Cocaine Family |
| <input type="checkbox"/> 582 – Services for Persons in Treatment | <input type="checkbox"/> 533172 – Urban / Rural Women's Treatment |
| <input type="checkbox"/> 585 – IV Drug Abuse Treatment | <input type="checkbox"/> 533174 – AFRA |
| <input type="checkbox"/> 588 – Adolescent AODA Treatment Center | <input type="checkbox"/> 533176 – FAS Training |
| <input type="checkbox"/> 589 – AODA Inner City Services | <input type="checkbox"/> 533178 – Urban / Rural |
| <input type="checkbox"/> 65050 – AODA Native American | <input type="checkbox"/> 533179 – CST Training |
| <input type="checkbox"/> 65300 – Tribes Family Services | <input type="checkbox"/> 533200 – EAP Survey |
| <input type="checkbox"/> 81035 – Urban / Rural Women's AODA Treatment | <input type="checkbox"/> 541001 – WCH Prevention Resource Center |
| <input type="checkbox"/> 533007 – Urban Black and Hispanic | <input type="checkbox"/> 541003 – BFI Milwaukee County Lead Agency |
| <input type="checkbox"/> 533015 – Statewide AODA – BD of Regents | <input type="checkbox"/> 577009 – MCPS AODA Services |
| <input type="checkbox"/> 533050 – DOC Indian Halfway House | <input type="checkbox"/> 570013 – MCPS AODA Services Site 2 or 5 |
| <input type="checkbox"/> 533051 – DOC Probation and Parole | <input type="checkbox"/> Other: |

Name – Provider Agency	Agency ID
Name – Agency Contact Person	Telephone Number – Contact Person

ALCOHOL AND / OR DRUG TREATMENT

Women	Men
\$	\$

PRIMARY PREVENTION STRATEGIES

Total Primary Prevention \$ _____ This documentation must be available for state/federal reviews. Strategy totals below must equal the total for primary prevention.

	Women	Men
Community-Based Process	\$ _____	\$ _____
Education	\$ _____	\$ _____
Information Dissemination	\$ _____	\$ _____
Alternatives	\$ _____	\$ _____
Environmental	\$ _____	\$ _____
Problem Identification and Referral	\$ _____	\$ _____

OVER

CHARITABLE CHOICE

- ☐ Yes The State must comply with 42 U.S.C. 300x-65 and 42 C.F.R. part 54 (See 42 C.F.R. 54.8(c) (4) and 54.8(b), Charitable Choice Provisions and Regulations. Did this county refer grant recipients to alternative providers? Check one box.
- ☐ No

If "Yes," list (on separate page if necessary) the following information:

Name – Alternative Service Provider	Name – Contact Person
Address – Alternative Service Provider (Street, City, State, Zip Code)	
Type of Services Provided – Specify.	

Under Charitable Choice, States, local governments, and religious organizations, each as SAMHSA grant recipients, must: (1) ensure that religious organizations that are providers provide notice of their right to alternative services to all potential and actual program beneficiaries (services recipients); (2) ensure that religious organizations that are providers refer program beneficiaries to alternative services; and (3) fund and/or provide alternative services. The term "alternative services" means services determined by the State to be accessible and comparable and provided within a reasonable period of time from another substance abuse provider ("alternative provider") to which the program beneficiary ("services recipient") has no religious objection. This reported information is used to ensure compliance with this requirement.
